

Editorial

Toward a More Deeply Child-Centered Approach to Child Poverty

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“Poverty is the absence of all human rights. The frustrations, hostility and anger generated by abject poverty cannot sustain peace in any society. For building stable peace we must find ways to provide opportunities for people to live decent lives.”

—Muhammad Yunus, Nobel Prize Lecture, 2006; in Yunus, 2007.

One in every two of the world’s children are profoundly poor (UNICEF, 2005). Most reside in developing countries where the child welfare infrastructure is so inadequate that it cannot possibly evaluate or respond adequately to the children’s needs, but a surprising number reside in industrialized nations such as the United States, where the poorest population is children. In the state of Illinois alone, a child is born into poverty every 16 minutes, 7.5% of children live in extreme poverty, and 9% of children lack any health insurance (Children’s Defense Fund, 2008). In 2007, in 12 of the United States, more than 40% of African-American children were poor (Children’s Defense Fund, 2007). Poverty is especially correlated with the need for child welfare intervention, as it forces parents to abandon their children or engenders so much stress that parents are more likely to maltreat their children (Barth et al., 2006): Poor parents are 22 times more likely to have children in foster care (Courtney, 1998). Lack of resources is corrosive for children, as are the family and community violence, discrimination, and internalized shame that all too often accompany poverty (Garbarino, 1998). Although statistics abound about how many children are poor, statistics cannot possibly tell the whole story, because they cannot accurately count all the destitute children, such as street children or those born to undocumented immigrants or political refugees. As the quote by Muhammad

Yunus emphasizes, poverty is associated with such severely disabling conditions for children that it constitutes by any measure a violation of human rights. As Yunus also says, to reduce intercountry violence and violence within our societies, we must make remediation of poverty a central priority.

Certainly a deep consideration of the problem of poverty is essential to an effective child welfare policy and practice, yet the problem can appear overwhelming. Nonetheless, many constructive remedies have been discovered for considerably improving the conditions of poor children around the world, and it is important to bring more attention to them and consider the orientations one can reasonably take in addressing profound child poverty. That is the aim of this volume of *Illinois Child Welfare*.

Consonant with *Illinois Child Welfare’s* mission, we consider child poverty from a global perspective. The increased information available via the Internet and other global sources means that we know street children suffer in most countries of the world; that Southeast Asian children and others are trafficked, indoctrinated, or deceived into selling themselves for sex; that seven-year-olds are raising their younger brothers and sisters in African nations devastated by HIV; and that poverty-stricken children in the United States subsist without coats in winter and without basic necessities such as food and a bed. We know that “Slumdog Millionaire” is an attractive, wish-fulfilling fiction: Children who experience the protagonist’s devastating destitution and horrific abuse, if they survive, are scarred emotionally and permanently handicapped in their capacity to live lives that anyone would find fulfilling. Globalization has the important advantage of providing more information

as a base for improving policies and services to children in poverty. But it is also true that more convenient global travel and communication enable and aggravate sexual exploitation and trafficking of children; facilitate the spread of toxic diseases; and can make terrorist recruitment, which not uncommonly targets youth, global in scope.

Fortunately, increasingly there are models available around the world standing as evidence that poverty can indeed be remedied. Muhammad Yunus's work in organizing the Grameen Bank, with his community citizen partners, and in conceptualizing how the free market can promote economic justice and world peace, demonstrates how one can create programs that are effective and fully accountable in remediating poverty (Yunus, 2007). One of the more important Grameen Bank programs for children has been the provision of college scholarships and loans for youth seeking to attend college. One reason Yunus's work is so profoundly effective is because it is "glocalized," that is, thinking globally but acting locally, designed with full participation of citizens in their local communities so that any program developed will be relevant to their unique values and needs, and also accountable in the community. Glocalization is attractive in part because of its emphasis on respecting local cultural values, which has a very important place in preventing variations of colonialization, ethnocentrism, and other psychosocial oppressions.

Cultural Values about Aiding Profoundly Poor Children

Some cultural values are hostile to well-being for all children

Consider a deeper look at glocalization in the reality of child welfare. If local cultural values were in favor of child well-being for all children, would the current epidemic of child poverty persist? In fact, there can be profound tensions between local cultural values and welfare for all

children, and so in discussing remedies for child poverty it is important to start with the issue of cultural values about profoundly poor children. Yunus and others (Danziger, 2007; Sachs, 2005) argue that poverty is, at present, partly a problem of values in the sense that people tolerate its persistence and neglect to put in place the policies and financial commitments that could change it. Consider the following examples.

In the United States, the value of individual responsibility for economic self-sufficiency leads to a reluctance to shoulder financial responsibility for all children's well-being that residents of countries such as Finland readily take on when they fund social services such as day care for all children. Consequently, compared to the rest of the industrialized nations, the United States has among the highest rates of child poverty, with the infant mortality, serious health problems, malnutrition, brain damage, and learning and behavior disorders that accompany profound poverty (Berrick, Needell, Jonson-Reid, & Barth, 1998). As Danziger points out (2007), we now have the knowledge about programs and policies that will effectively support poor children and families and reduce poverty. See the notable and inspiring work of Geoffrey Canada's Harlem Children's Zone, for an example proving that the United States need not perpetuate such dreadful conditions for its poorest child citizens (Tough, 2008). What is lacking in the United States is adequate public education to help citizens understand that poverty reduction is attainable, and mobilization of the public will to implement the poverty-reducing policy changes that have been effective elsewhere, such as the United Kingdom and Scandinavia (Danziger, 2007).

Another example of values that can oppose well-being for all children comes from Sudan. In that context, culture and *sharia* law (laws based on local interpretations of the Koran and Islamic traditions) pose significant obstacles to equal human rights for orphans and children born out of

wedlock, because they treat such children as lesser citizens and disparage potentially life-preserving solutions such as adoption. Among the many consequences of those beliefs are terrible infant mortality: Despite the best efforts of a consortium of child welfare agencies, including UNICEF, a child dies every other day in one of Sudan's largest orphanages (Polgreen, 2008).

Another example of values that oppose well-being for all citizens is the profound racial hatred exerted against Mayan children in Guatemala. Those children, because of the combination of profound poverty, contemporary racism, and a long history of genocide against their forebears (even as recently as the 1980s), still suffer disproportionately (by comparison with their non-Mayan peers) from malnutrition, crippling and fatal diseases, and lack of basic necessities (Lykes, 1994; UNICEF, 2008).

In other words, in some societies there are cultural values (socioeconomic in the U.S. example, religious doctrine in the Sudan example, and ethnocentrism and racism in the Guatemala example) that are inimical to equal welfare for all children, cause large numbers of children to die, and threaten the safety and well-being of many more. Such child-hostile values can compound the complexity of designing truly effective child welfare programs and policies. An increasingly glocalized world requires child welfare policies that meet the challenge of respecting children's right to survive with their basic human needs met, and this in turn will require better understanding of how to help societies recognize and shift those values that when put into action have destructive consequences for children.

Changing attitudes and values is not easy. It requires knowledge, public education, and regulations so that policy changes actually get resources to children (in many contexts, child poverty is aggravated because of corruption in administration of children's services). To this end, what are some trends in knowledge about remedying child poverty that are most relevant for child welfare practitioners and scholars?

Two general approaches to remedying poverty

In the literature on addressing child poverty, there have tended to be two general approaches (Huston, 1991):

- (1) the socioeconomic, in which the child is treated as an offshoot of the parents; and
- (2) the developmental, which focuses on the perspective of the child. From the socioeconomic point of view, scholars and policymakers tend to adhere to one of two general approaches.

The first approach proposed by policymakers seeking to remedy child poverty is to improve supports provided to caregivers. Given the many ecological studies of child maltreatment (Garbarino & Barry, 1997), the role poverty plays in aggravating parental stress and vulnerability to child maltreatment is well-known. The ecological approach (described further in one of the articles in this journal, by Ana Leon and colleagues) underscores the importance of providing better supports for parents under stress and at risk of child maltreatment. More recently, Bostock, when interviewing poor mothers, found that the mothers regarded child protection as what they did everyday; but that the stress of caring for children in the context of not having the financial resources to adequately meet their families' needs corroded the mothers' health and engendered feelings of being "worn out" and "ground down" (2002, p. 280). She concluded that tackling structural "inequality through systematic anti-poverty strategies will ultimately be the most effective as well as ethical child protection protocol" (Bostock, 2002, p. 282; see also Danziger, 2007).

The second approach to remedying child poverty is building child welfare infrastructure/capacity so that children who are orphans (due to parental poverty or parental death) have other sound caregiving opportunities available to them: "Training civil servants, strengthening the legal system, reducing corruption, and so on" (Wagstaff, 2001, p. 265). However,

as Bartholet points out (2007), building child welfare infrastructure in developing nations is a supremely daunting task; it is challenging enough in the United States and other industrialized countries!

Adultcentrism and the need for a child-centered emphasis

As those advocating a developmental perspective have emphasized, improving parental conditions and professional caregiving resources are vital and have a place, but they do not sufficiently recognize the special vulnerabilities and needs that poor infants and children have. In this regard, researchers have identified another problematic value that interferes with implementation of thoroughgoing remedies for child poverty: insufficient recognition of the specific conditions of infants and children, which has been termed the *bias of adultcentrism* (Petr, 1992). Adultcentrism is evident when we measure children by adult standards, when we fail to suspend our assumptions about them, when we decline to see the world from their point of view. The negative consequences of adultcentrism can be the same as those of ethnocentrism: miscommunication (with children), inaccurate judgments (about children's intents and motivations), misuse of power (to limit children's self-determination), and undermining strengths and competencies (1992, pp. 408–409).

It is *not* that adult-centered anti-poverty efforts are invalid, but rather that they are incomplete. In other words, adultcentrism shows up not only in how children are misunderstood, but also in what is left out of efforts to help them when children's developmental needs that differ from those of adults are not prioritized. In other words, policies are adultcentric when they regard children primarily in terms of the concerns of adults and focus on adult priorities, and do not recognize or accord importance to children's specific and acutely time-sensitive developmental needs.

As one tries to move beyond an adultcentric point of view and look more deeply into a child-centered anti-poverty

policy perspective, some of the critical differences between poor children and poor adults become clearer. While poverty is highly correlated with depression and various health problems in adults, and while malnutrition clearly affects brain chemistry in adults, malnutrition and poverty corrode and impede human infants' brain formation in foundational and sometimes unalterable ways, because of critical time periods for the activation of specific capacities such as language (Nelson et al., 2007; Perry, 2002).

Although poverty generally results in lack of freedom and choices (Sen, 1999), the constraints on choice that poverty imposes on children are considerably greater than those that exist for adults. Children under the age of three cannot walk to the next village to get water. They cannot unite with friends to form a business, or participate in the Grameen Bank. Their world is entirely dependent on the protections and choices their parents give them. Under normal circumstances, the dependency of infants and small children shifts toward more choice and autonomy, but conditions of poverty clearly erode that process. For example, it is not uncommon for poor youth to feel they have to sell themselves as military conscripts or sex slaves to support families whose lives are threatened by starvation. The pressure is great to make such choices when one feels one's own survival is at stake; but it is profoundly increased if the survival of the family upon which one is dependent (at least emotionally, if not in other ways) can be guaranteed only by sacrificing oneself (Montgomery, 2001).

Societally based traumas, ranging from ethnic strife to totalitarian oppression, are known to profoundly debilitate adults. But traumatized children and youth experience not only debilitating posttraumatic stress, but also profound devastation to their identities: they are actively acquiring identities based on how important others treat them. Consider that a trafficked child militant is notoriously much more vulnerable to brainwashing than an adult

(Beah, 2008). A three-year-old raised by a child prostitute, who learns to prostitute herself and who resides in a culture that tolerates the sexual slavery of children, has no sense of, nor any way to learn about, an alternative way to relate and care for herself (Montgomery, 2001).

Adolescents have physical strength, ideals, and passions that are the equivalent or even exceed that of many adults. From an adult standpoint, they also lack self-regulation, reflectiveness, and wisdom. These features make them even more likely to be preyed upon by terrorist group recruiters, sex traffickers, and the like.

Adults suffer greatly from the experience of being discriminated against and rejected. This effect is exponentially compounded for infants, children, and youth. Rejection, especially by parents and adults important to children, can cause children to die or suffer permanent disabilities ranging from psychosocial dwarfism (Green, Campbell, et al., 1984) to permanent developmental disabilities (Spitz, 1945), and is a key trigger for adolescent suicide (Pelkonen & Marrtunen, 2003).

Although poor adults want and need a family life, for destitute children having a family is necessary for survival, especially in societies that lack adequate foster and adoptive care resources and a social service safety net for children. Orphaned children often express their yearning for caring parents, putting that wish first and foremost, and will seek out people they perceive as able to devotedly care for them regardless of their culture or race. An example is the six-year-old African-American state ward who asked his European-American neighbor to be his father (fortunately, the neighbor promptly agreed and made it happen; documented in Major, 2008).

Readers can probably think of many more examples of how children are disproportionately affected by poverty. The point here is not to minimize the dreadful impact of poverty on adults, but rather to argue for the importance of an approach to remediating poverty that is attuned to the specific developmental needs of poor infants, children, and youth.

Case Example of Efforts to Remedy Extreme Child Poverty in Global Perspective: Romania

Historical background

To consider the complex issues entailed in trying to think both globally and locally about a more child-centered approach to child poverty, we can use the example of responses to the crisis of abandoned, homeless, and institutionalized infants and children in Romania—an instance that has features in common with many other countries. In addition, because Romania has been fairly consistently open to child welfare assistance, it is more amenable to understanding than some other countries where child welfare information is more hidden.

Readers are no doubt familiar with some of the history of the Romanian child welfare crisis, which came to international attention when the orphanages founded under Ceausescu were opened and the appalling conditions of the children therein, who suffered terrible permanent developmental disabilities caused by institutional neglect, became public knowledge (see MDRI's worldwide efforts, www.mdri.org, for evidence that such conditions occur in many countries even now). Perhaps less known was the tragic history of societal trauma that caused parents to abandon their children, as Ceausescu had harnessed the machinery of Soviet oppression to carry out a mandate that every Romanian family produce at least five children, banning birth control and abortion. Families that did not comply were subject to gynecological

examinations by the secret police and other horrible intrusions. Given the considerable poverty that existed in Romania, it is not surprising that many overwhelmed parents brought children they could not care for to orphanages, with a saying that grew customary: “The government wants them and the government can care for them” (Marx, 2007; Zeanah et al., 2006). A societal acceptance of child abandonment resulted that is not easy to change, especially in the context of still-persisting profound poverty (a context motivating much child abandonment worldwide). From 1990 through 2005, when new child welfare legislation was passed, Romanian child welfare policymakers tried many different ways to minimize corruption in child welfare services and find ways to care for their orphans. Taking an overview of the kinds of efforts that have been made yields insights into how extreme child poverty can be responded to on a global level.

After Romania’s revolution and the execution of Ceausescu, the orphan crisis came to international attention and international child welfare consultation and NGO practitioner intervention was provided—some with insufficient diplomacy and respect for the strengths of the Romanian people, which later international child welfare consultants strove to remedy (Dickens & Groza, 2004). The challenges for child protection professionals have included inadequate staff, lack of training in child welfare practice, inadequate legislation protecting maltreated children, and insufficient enforcement of child protection regulations by police and other professionals (Roth, 1999). Some of the other initial efforts at aiding Romanian orphans included intercountry adoption (Marx, 2007).

Two model programs and their implications

Two child welfare efforts have been unqualified successes, and both involved sustained collaborations between Romanian child welfare practitioners and

policymakers, on the one hand, and expert consultants, practitioners, and researchers from other countries, on the other.

The first initiative focused on the problem that in 2000, although Romania’s children comprised 3% of the population of European children, they comprised 60% of the cases of AIDS. The previous practice by Romanian child welfare medical practitioners of trying to help institutionalized, anemic orphans by giving them whole-blood transfusions of (untested) blood (using shared needles) resulted in an epidemic of AIDS. Practitioners and the public were terrified of AIDS, to the point where infected children were profoundly isolated and, for instance, held only by an arm and leg for fear of contagion. A long-term collaboration between Romanian physicians and policymakers and Dr. Mark Kline at Baylor Medical Center in Texas resulted in a model clinic in Romania that was then expanded. As a result, all HIV-positive Romanian children can receive antiviral treatments, significantly reducing mortality and hospitalizations (Dente & Hess, 2006).

In the second initiative, a scientific and humanitarian response to the Romanian orphans’ situation was developed by the researchers of the Bucharest Early Intervention Project. The Project responded to the considerable need for an improved child welfare infrastructure in Romania by forming a consortium among U.S. researchers and Romanian child welfare researchers, policymakers, and practitioners, and training foster parents and studying the impact of foster care compared with institutionalization. Launched in 2000, this project is the first-ever randomized, controlled trial comparing outcomes of institutional care with outcomes of foster care (Nelson et al., 2007; Zeanah et al., 2006). The 136 children enrolled in the study had no genetic or other organic conditions aside from those directly related to their previous institutionalization. Half of the children were placed in high-

quality foster care developed for the project. Their average age at placement was 22 months. Assessments were completed at 30, 42, and 54 months, measuring physical growth; cognitive, social, and emotional development; attachment; and problem behaviors. The researchers found that poor children who grow up in institutions suffer not just despair and disadvantage, but also impaired brain development that is most difficult to alter if the institutionalization lasts longer than two or three years. Fortunately, they also found that nothing is as good as a family for a child's brain and psychosocial development, and that many of the negative effects of institutionalization could be changed if a child received care by a family early enough in development.

In response to the initial Bucharest Early Intervention Project findings, while the Romanian government was overhauling its child welfare regulations, they forbade institutionalization of children under two years of age unless they were severely handicapped, and sought to provide only foster and adoptive care for orphaned children (Nelson et al., 2007). More than 37,000 foster homes were developed in Romania between 2002 and 2005 (Zeanah et al., 2006), a notable accomplishment given that no state-funded foster care homes had existed in Bucharest previously. During the study, the researchers found that Romanian attitudes and practices about institutionalization of children changed profoundly: "The population of institutionalized children of all ages dropped from 60,000 in 2000 to 30,000 in 2004, and for children less than 3 years old, it dropped from 3,894 to 886 [National Authority for Child Protection and Adoption ANPCA, Government of Romania, 2004]" (Zeanah et al., 2006, p. 568).

Controversy about adoption and human rights perspectives

Tragically, coincidentally with publication of the findings from the Bucharest Early Intervention Project,

another set of pressures came to bear on Romanian child welfare policymakers, this time from the EU, that has had only destructive consequences for children. As Romania sought access to the EU, one of the conditions of access was that it significantly alter documented corruption in the Romanian child welfare administration (this was in the context of the EU's insistence that Romania fix governmental corruption that pervaded the highest levels and also Romania's NGOs, one of the toxic consequences of the legacy of totalitarian oppression by the Soviets and the former dictator, Ceausescu; Orban, 2007). Several other advocates striving to abolish intercountry adoption altogether (most notably UNICEF) also influenced Romanian child welfare policymakers. The Romanian legislature responded to the EU pressures and to the media sensationalization of instances of corruption in international adoption (an unfortunate misuse of the valuable power of the press to expose and so reduce corruption; see Reinneke & Jakob, 2005) by banning international adoption altogether in January 2005 (Armitage, 2004; Editors, 2004; Rosenthal, 2005). This occurred just a few days after the EU voted to allow accession to Romania in 2007 if Romania complied with all its conditions (Marx, 2007).

One tragic consequence of Romania's ban has been that hundreds of orphaned and institutionalized children who had been matched with families eager to offer them a home were unable to unite with those families, and have been growing up in institutions rather than with their potential adoptive families (Rosenthal, 2005). Readers should also know that the pressure by EU authorities did not reflect the entirety of opinions about intercountry adoption in the EU, as some EU politicians also pleaded with Romanian policymakers to prevent the ban (Rosenthal, 2005).

As can be seen from the above example, debates about the optimal policies for aiding children in profound poverty

tend to be heated, sensationalized, and, unfortunately, often ill-informed. Resolving some of the debates about the impact and desirability of specific child welfare policies can be complicated by difficulty gathering statistics about program and policy impact. Suppose one wanted to understand the impact of particular child welfare policies on profoundly poor Romanian children? Gathering statistics about abandoned, orphaned, and homeless children and their fates can be difficult in exactly those countries where the child welfare infrastructure is so limited that rapid life-saving responses such as intercountry adoption are most needed. In some countries, such as Guatemala, human rights research about the welfare of Mayan children is significantly hampered because activists there are frequently murdered and researchers fear for their lives (Melville & Lykes, 1992).

With regard to Romania, the number of profoundly poor Romanian children needing child welfare assistance has not been easy to ascertain. For instance, a UNICEF study in 2005, following the intercountry adoption ban, found that 10,000 children were abandoned and institutionalized in hospitals and 50,000 were in state care (cited in Orban, 2007). The Romanian child protection authorities claimed that the actual number of children in state care was 83,000, 50,000 of whom were with foster parents or extended families. A commentator who was also a negotiator in the EU accession proceedings (Orban, 2007) assumed the Romanian figures were more accurate, as they were ostensibly based on a survey of the 41 counties in Romania, whereas the UNICEF study was based on a study of only 2 counties.

Ascertaining numbers of children is only part of trying to understand what profoundly poor children need. An untold number of the 30,000 (using Romanian figures) Romanian children institutionalized as of 2005 live in horrendous institutional conditions that include starvation to death and terribly painful, untreated medical conditions. Although most institutionalized

Romanian children are assumed to have severe disabilities, it is impossible to know how many of those began their institutional lives *without* severely disabling conditions (Mental Disabilities Rights International, 2006). Moreover, institutionalized infants have very high mortality rates: Estimates are that 50% of Romanian infants die within their first two years of living in a Romanian orphanage (Groza et al., 1999, cited in Marx, 2007). The majority (64%, according to Marx, 2007) of the infants abandoned in hospitals shortly after birth are nameless, and have no identifiable advocates to monitor or report on their condition. Large percentages of the institutionalized children (70–90% in a 1999 estimate by Roth, 1999) are Roma people, who already suffer from discrimination; Roma children also constitute a large percentage of the Romanian homeless, begging, and stealing “street children.” Certainly this aspect of the Romanian example highlights the problem that mobilizing resources to effectively address child poverty is obstructed by lack of accurate information about the numbers of children in need and their specific health and psychosocial needs.

Lessons and visions

The example of Romania is helpful because it indicates both model programs and also the dark side of responses to child poverty. On the dark side, unfortunately, profoundly poor children can become political pawns of policymakers with predetermined agendas that may not reflect the most recent scientific findings about children’s developmental needs. In addition, the focus on providing care for children can be subsumed in other political agendas, corrupt administrative practices that deflect funds away from the children who need them, sensationalized media practices (e.g., distorting policies such as international adoption by focusing on isolated cases of corruption and ignoring the much more frequent child mortality resulting from poverty), and a reaction of helpless despair to the magnitude of need

compared with the availability of human and material resources. Thus, responding more effectively to child poverty is not just a matter of changing values and educating the public to develop public support; it also entails remedying corruption, updating child welfare agencies' missions to accord with scientific evidence, preventing strife between providers, developing transparency about the numbers of children and their specific medical and psychosocial needs, minimizing the false impressions generated by sensationalist media practices, and promoting respect for constructive local child welfare values and practices.

Turning to the pathbreakingly effective programs serving profoundly poor children in Romania (the pediatric AIDS program and the Bucharest Early Intervention Project), they illustrate the best potential of glocalization. They have been characterized by sustained (more than four years' duration) rather than "quick-fix" collaborations between Romanian child welfare practitioners and international experts. The teams developed lasting local resources based on the most up-to-date scientific research, delivered in partnership with citizens and in ways that were culturally respectful and meaningful. The research that the teams conducted had much more than academic import: it yielded findings with immediate applicability for improving care for impoverished children.

In this volume, Yunus, Sachs, and Hong emphasize the importance of having the courage to envision a world without poverty. As a first step toward making it happen, there is a great need to mobilize the public will with accurate research and education to support a diverse range of programs that are responsive to the unique developmental needs of children. In that spirit, if fighting poverty had a child-centered commitment, policies would:

- Prioritize time sensitivity in response to the different developmental needs of children (Berrick, Needell, Jonson-Reid, & Barth, 1998). For instance,

responses that immediately provide life-saving family care for children whose lives are in jeopardy because of they are abandoned and impoverished would take priority over solutions that are expected to occur some time in the future.

- Prioritize providing shelter care, early intervention services, and rapid foster care and adoption (including intercountry adoption), to maximize the number of children who can spend their first three years in a family context. As has been noted, the critical developmental windows for children are short in duration.
- Recognize that in poverty-stricken areas such as U.S. cities, poor infants and children need to be surrounded by supportive care to compensate for the all-encompassing dangers they face. Geoffrey Canada's "Harlem Children's Zone" (Tough, 2008; <http://www.hcz.org>) reflects the developmental continuum of committed services that is necessary for children in poverty to survive and create meaningful futures for themselves. The Harlem Children's Zone services start from before birth and continue through preschool all the way through college, providing social supports for families, children, and youth, as well as education ("Baby College" through Promise Academy).
- Reflect the recognition that children's ability to evaluate the services they receive is not equal to that of adults (who can walk out or protest if programs are humiliating or inadequate). Children are uniquely vulnerable and, if damaged by neglect, can die or become voiceless and completely unable to advocate for themselves. Accordingly, anti-poverty policies, including services for children and youth, need to include stringent accountability about (1) their use of funds and (2) relevance and value for children and youth. Moreover, (3) youth can play central roles in designing and evaluating services in which they are intended to participate (Bulanda 2008;

- also see, for examples, <http://www.youthempowerment.com/homepage.htm>; <http://www.standuphelpout.org>).
- Promote the viewpoint that youth's difficulties adapting to society indicate that society has failed to provide them with adequate nurture and opportunity rather than indicating some inherent "badness." No one wants to fund programs for citizens who are inherently and irremediably bad, but those negative viewpoints spring from ignorance about the scientific facts now available to us about human development and fighting poverty. For instance, a view that children in conflict with the law are bad overlooks the considerable scientific evidence that such children have not been provided with necessary care by adults, including family members, school staff, and others in their communities. Geraghty (2004) provides a harrowing example of the inaccurately negative viewpoint about troubled youth, its profoundly inhumane consequences, and also finds that services exist that, if implemented, could prevent such tragedies.
 - Experts on poverty such as Muhammed Yunus and Sheldon Danziger remind us that eliminating poverty is attainable: we have evidence that making a financial, time, and human capital commitment to demonstrably effective programs will work (see also Schorr, 1997). As Yunus says, we do not have to tolerate the continuation of profound child poverty: It is possible to create the world we deeply want for the world's children.

In This Volume...

In this volume of *Illinois Child Welfare*, there are several articles focusing on policies and practices for families and children in poverty and for improving conditions of children dependent on child welfare systems. Philip Hong presents a comprehensive view of the problem of poverty: its pervasiveness globally and

in the United States, its structural nature, and the fact that public attitudes tend to regard poverty as caused by individual deficits. He recommends both global and "localized" remedies, but fundamentally the recognition that poverty is caused by worldwide economic structures and so must be addressed in that way rather than as a problem of individual deficit.

Ruchi Gupta and her colleagues studied more than 800 mothers participating in the welfare-to-work program, querying them regarding their concerns about the health of their preschool children, with a focus on children who are chronically ill. They found that the mothers were most concerned about the availability and quality of care for their chronically ill children, and that those concerns likely represent a significant barrier to the mothers' abilities to transition to the workforce. Accordingly, improving the services available to poor children with chronic illnesses will also likely improve the mothers' abilities to make the transition to work.

Sandra Jee and her colleagues studied how caseworkers perceive the efficacy of a pediatric "medical home" for children in foster care. The medical home provides coordinated, multidisciplinary care for foster children, including mental and physical health services, dental care, and coordination of care. Her study shows that caseworkers perceive the medical home to be a most important resource for foster children, improving coordination of health care and ensuring sensitivity of practitioners to the traumas foster children have experienced. Her pediatric medical-home model goes a long way toward ensuring that foster children, already subject to so many inequalities, do not suffer again by neglect with regard to their health care.

Sabrina Townsend and her colleagues studied the impact of the 1997 legislation entitled the "Adoption and Safe Families Act" on permanency planning. Studies done in Illinois document the enormous impact of poverty on child welfare outcomes: they cite

findings that families with incomes below \$15,000 are 22 times more likely to abuse and neglect their children than families with incomes above \$30,000; and that four-fifths of the families with children in foster care were eligible for public cash assistance. In such a context, the AFSA legislation has a profound impact on poor children and their families. They found that “although post-ASFA children had greater emotional/behavioral problems, they were more likely to achieve permanency.” As would be expected, as a child’s social-behavioral problems increase and the child gets older, the likelihood of achieving permanency declines. The authors’ findings indicate that the improved rate of permanency of children post-AFSA is directly attributable to the utilization of subsidized guardianship as another option in addition to foster care and adoption.

Linda Openshaw and Brenda Moore conducted an exploratory study of the resiliency of college-bound foster care youth aging out of care, who are of course universally poor. They make a number of recommendations concerning programs for supporting those youth, and also describe how universities can provide special supports to promote the success of students who had been in foster care.

In a paper that is important for its advocacy of the importance siblings have for each other, Adam McCormick reviews the most progressive policy available (California’s) for supporting the connections of siblings in foster care. He emphasizes the value of siblings being placed together and also having more impact on placement decisions, and describes the specifics of legislation that encourages sibling connectedness. He also finds that, fortunately, California’s policy appears to have encouraged the co-placement of siblings and the maintenance of their connections after adoption and during foster care.

In a most helpful applied theory paper, Ana Leon and colleagues develop ecological theory in application to child welfare problems. They use the example of

issues in child welfare practice in the state of Florida to describe obstacles to using ecological theory, and also describe how those obstacles can be surmounted.

Congratulations to Christine Norton, the winner of the Excellence in Child Welfare Research New Scholars International Competition! Her dissertation research addresses the impact of a new modality, wilderness therapy, on adolescents’ depression and psychological development. Many teenage state wards who experience depression never have the opportunity to experience their own resourcefulness in a wilderness context, but this new model she evaluates holds much promise for child welfare practitioners.

This volume also includes three papers that use intensive qualitative analysis to discuss needs and concerns of children and parents from distinctive, underserved, and impoverished cultural groups. Katerina Erzar and her colleagues describe a highly effective and much-needed intervention: a support group for poor mothers in Slovenia. Touched by their peers as well as the group leaders, the participants in the support group improved their experience of their own mothering, their pleasure in caring for their children, and the quality of their marital relationships. The support group leaders also found themselves profoundly moved and inspired by the experience.

Gabriel Julien brings us a report of the experiences of street children in Trinidad and Tobago. His conversations with them led him to emphasize the important finding that despite their desperate circumstances—often they are sent by their impoverished families to beg on the streets to support the family, or they are fleeing from abuse and violence in their homes—they retain intentions to change their circumstances for the better. His paper underscores the fact that impoverished youth have hopes and dreams of better lives, even when they have never personally experienced such a life and their circumstances so continually thwart their aspirations.

Kui Hee Song brings us a case study of a Korean-American immigrant family experiencing culture shock and the impact of language and other barriers in trying to receive care for problem of child abuse. She documents the change process that the family goes through in great depth. One of the important contributions of this paper is the empathic perspective about a mother with a problem of child abuse. The mother's child abuse resulted from the stress of being an immigrant and also from thwarted mourning: she had been deceived when making the decision to get married, and learned only after she was married that her husband was mentally ill. Because her cultural background required she live with her husband's family, the impact of his mental illness was magnified by the lack of support available to her. She was able to mourn this loss with her counselor using a traditional Korean mourning process termed *han*, and with the mourning complete no longer resorted to abusing her child.

Susan Sankar's "From the Practitioner's Desk" reports on her experience with three agencies in the United Kingdom that have been applying evidence-based practice models in child welfare. She draws from those experiences to suggest how United States child welfare agencies might also incorporate evidence-based concepts to update their practice models.

In the annotated bibliography, Kathryn Cornell addresses a topic about which more research is much needed: the role of services for caregivers in the mental health treatment of child clients in the child welfare system. Child therapists' interaction with the caregivers of their child clients is especially complex in a child welfare context, because each child likely has multiple caregivers: birth parents, foster parents, and potential adoptive parents as well. Child therapists know that their relationship with their child clients' parents is extremely important, yet this area of practice begs for much further study. In her review of the literature on this subject, Cornell provides a resource for practitioners and advances knowledge about this aspect of practice.

We hope you enjoy these contributions and find that they provide inspiration and help as you manage the complexities of your child welfare practice!

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